PTO/SB/21 (09-04)

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Total Nun	mber of Pages in	11		Attorney Docket Number	GLOLP	GLOLP0108USG			
ENCLOSURES (Check all that apply)									
	(Credit	ed Card Paymo	= pt)	Drawing(s) Licensing-related Papers Petition	Ap	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
Extended Cert Cert	After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement			Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD		Proprietary Information Status Letter Other Enclosure(s) (please Identify below): RCE Transmittal Form PTO-2038			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm Name									
Signature	Signature (Lange of State)								
Printed name Donald L. Otto									
Date August 3, 2005			Reg. No. 22,125						
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PTO/SB/17 (12-04)

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Under the Paperwork Reduction Act of 1995 persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act Complete if Known **Application Number** 10/601,616 FEE TRANSMIT Filing Date June 23, 2003 For FY 2005 First Named Inventor Timothy A. McCollum **Examiner Name** Jason M. Han Applicant claims small entity status. See 37 CFR 1.27 2875 **Art Unit** TOTAL AMOUNT OF PAYMENT (\$) 990.00

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METHOD OF PAYME	NT (check a	I that apply)						
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FEE CALCULATION								
1. BASIC FILING, SEA	FILING	FEES Small Entity	SEARC	Small Entity	9	TION FEES	Fees Pa	id (\$)
Application Type	300	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u> 200	Fee (\$)	<u>1 000 1 u</u>	147
Utility		150	500	250		100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FE Fee Description Each claim over 20 or, Each independent claim Multiple dependent cla Total Claims	for Reissues n over 3 or, f ims Extra Claim	or Reissues, eass s <u>Fee (\$)</u>	ach independ Fee Pa	dent claim m	ore than in t	he original pa ependent Clair	Fee (\$) 50 atent 200 360 ms	<u>Fee (\$)</u> 25 100 180
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3. APPLICATION SIZE If the specification are for each additionate Total Sheets - 100 =	nd drawings al 50 sheets of Extra She	r fraction ther	eof. See 35 ber of each a)(1)(G) and 3 or fraction the	37 CFR 1.16(ereof <u>Fee</u>	(s).	all entity) Paid (\$)
4. OTHER FEE(S)							<u>Fee:</u>	s Paid (\$)
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SUBMITTED BY				
Signature	La	Ketter	Registration No. 22, 125 (Attorney/Agent)	Telephone 216-621-1113
Name (Print/Type)	Donald L.	Otto		Date August 3, 2005

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